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Application Number	10/524,507
Filing Date	September 29, 2005
First Named Inventor	Touw, Ivo Paul
Art Unit	1633
Examiner Name	Ileana Popa
Attorney Docket Number	3691-050510

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Prof. Dr. HAR. POLS, on behalf of Erasmus University Medical Center

Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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